

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

BILL BAILEY FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 991

Check if different  
than previously  
reported. (ACC)

SEYMOUR

IN

47274

2. FEC IDENTIFICATION NUMBER ▼

C

C00547612

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IN

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reuben Joseph Cummings

Signature of Treasurer

Mr. Reuben Joseph Cummings

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

**BILL BAILEY FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 3 |

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | 5907.98                 | 6156.23                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 5907.98                 | 6156.23                            |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 7273.34                 | 7506.77                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....   | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 7273.34                 | 7506.77                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....  | 807.60                  |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 2158.14                 |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

**BILL BAILEY FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 3 |

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

0.00

**(ii) Unitemized.....**

4979.00

5029.00

**(iii) TOTAL of contributions from individuals ▶**

4979.00

5029.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

928.98

1127.23

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

5907.98

6156.23

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

2158.14

2158.14

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

2158.14

2158.14

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

8066.12

8314.37

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 7273.34                       | 7506.77                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 7273.34                       | 7506.77                            |

## **III. CASH SUMMARY**

|   |         |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 14.82   |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 8066.12 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 8080.94 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 7273.34 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 807.60  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 23

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BILL BAILEY FOR CONGRESS**

|   |       |  |  |  |  |
|---|-------|--|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |       |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 01 / 2013</div> </div> |  |  |
| Mailing Address 715 WENDEMERE DR  |       |  | <b>Transaction ID : SA11D.4181</b>   |  |  |
| City  | State | Zip Code   |  |  |  |
| SEYMOUR   | IN    | 47274  |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C H4IN09072  | Amount of Each Receipt this Period<br><div> <div></div> <div>54.92</div> </div>            |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   |       | Occupation<br>Director   | In-kind -Postage   |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br><div> <div></div> <div></div> </div> |  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |       |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 07 / 2013</div> </div> |  |  |
| Mailing Address 715 WENDEMERE DR  |       |  | <b>Transaction ID : SA11D.4182</b>   |  |  |
| City  | State | Zip Code   |  |  |  |
| SEYMOUR   | IN    | 47274  |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C H4IN09072  | Amount of Each Receipt this Period<br><div> <div></div> <div>21.40</div> </div>            |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   |       | Occupation<br>Director   | In-kind -misc Office Equip   |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br><div> <div></div> <div></div> </div> |  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |       |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 07 / 2013</div> </div> |  |  |
| Mailing Address 715 WENDEMERE DR  |       |  | <b>Transaction ID : SA11D.4183</b>   |  |  |
| City  | State | Zip Code   |  |  |  |
| SEYMOUR   | IN    | 47274  |  |  |  |
| FEC ID number of contributing federal political committee.  |       | C H4IN09072  | Amount of Each Receipt this Period<br><div> <div></div> <div>18.42</div> </div>            |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   |       | Occupation<br>Director   | In-kind -Announcement Event food   |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br><div> <div></div> <div></div> </div> |  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |       |  | <div> <div></div> <div>94.74</div> </div>  |  |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |       |  | <div> <div></div> <div></div> </div>   |  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 23

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BILL BAILEY FOR CONGRESS**

|   |                        |  |  |
|---|------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 08 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4187</b>                         |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>24.81<br>In-kind -misc Office Equip            |
| FEC ID number of contributing federal political committee.<br>C H4IN09072   |                        |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 09 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4188</b>                         |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>61.60<br>In-kind -Announcement Event Food      |
| FEC ID number of contributing federal political committee.<br>C H4IN09072   |                        |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 10 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4189</b>                         |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>20.03<br>In-kind -Announcement Event serveware |
| FEC ID number of contributing federal political committee.<br>C H4IN09072   |                        |  |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |                        | 106.44   |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |                        |  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BILL BAILEY FOR CONGRESS**

|   |                        |  |  |
|---|------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4190</b>                       |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>284.34 |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |                        | In-kind -Meeting Room Rental                             |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4191</b>                       |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>9.20   |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |                        | In-kind -Postage   |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 22 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                        | <b>Transaction ID : SA11D.4192</b>                       |  |
| City<br>SEYMOUR   | State<br>IN            | Zip Code<br>47274  | Amount of Each Receipt this Period<br>5.26   |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |                        | In-kind -Postage   |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |                        | 298.80   |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |                        |  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 23

|                                    |                                     |                                     |   |                             |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input checked="" type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BILL BAILEY FOR CONGRESS**

|   |   |   |  |             |   |       |   |             |    |        |    |  |      |        |
|---|---|---|--|-------------|---|-------|---|-------------|----|--------|----|--|------|--------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |   | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2013</td> </tr> </table> |  | M M M       | / | D D D | / | Y Y Y Y Y Y | 11 |        | 04 |  | 2013 |        |
| M M M   | /   | D D D   | /  | Y Y Y Y Y Y |   |       |   |             |    |        |    |  |      |        |
| 11  |   | 04  |  | 2013        |   |       |   |             |    |        |    |  |      |        |
| Mailing Address 715 WENDEMERE DR  |   | <b>Transaction ID : SA11D.4193</b>  |  |             |   |       |   |             |    |        |    |  |      |        |
| City<br>SEYMOUR   | State<br>IN   | Zip Code<br>47274   | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10"></td> <td>15.00</td> </tr> </table> |             |   |       |   |             |    |        |    |  |      | 15.00  |
|   |   |   |  |             |   |       |   |             |    | 15.00  |    |  |      |        |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |   | In-kind -Parking  |  |             |   |       |   |             |    |        |    |  |      |        |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director  |   |  |             |   |       |   |             |    |        |    |  |      |        |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="10"></td> <td>758.14</td> </tr> </table> |   |  |             |   |       |   |             |    |        |    |  |      | 758.14 |
|   |   |   |  |             |   |       |   |             |    | 758.14 |    |  |      |        |

  

|   |  |   |   |             |   |       |   |             |    |         |    |  |      |         |
|---|--|---|---|-------------|---|-------|---|-------------|----|---------|----|--|------|---------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table> |   | M M M       | / | D D D | / | Y Y Y Y Y Y | 11 |         | 25 |  | 2013 |         |
| M M M   | /  | D D D   | /   | Y Y Y Y Y Y |   |       |   |             |    |         |    |  |      |         |
| 11  |  | 25  |   | 2013        |   |       |   |             |    |         |    |  |      |         |
| Mailing Address 715 WENDEMERE DR  |  | <b>Transaction ID : SA11D.4194</b>  |   |             |   |       |   |             |    |         |    |  |      |         |
| City<br>SEYMOUR   | State<br>IN  | Zip Code<br>47274   | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10"></td> <td>230.00</td> </tr> </table> |             |   |       |   |             |    |         |    |  |      | 230.00  |
|   |  |   |   |             |   |       |   |             |    | 230.00  |    |  |      |         |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |  | In-kind -Postage  |   |             |   |       |   |             |    |         |    |  |      |         |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director   |   |   |             |   |       |   |             |    |         |    |  |      |         |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="10"></td> <td>2158.14</td> </tr> </table> |   |   |             |   |       |   |             |    |         |    |  |      | 2158.14 |
|   |  |   |   |             |   |       |   |             |    | 2158.14 |    |  |      |         |

  

|   |  |   |  |             |   |       |   |             |    |         |    |  |      |         |
|---|--|---|--|-------------|---|-------|---|-------------|----|---------|----|--|------|---------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>27</td> <td></td> <td>2013</td> </tr> </table> |  | M M M       | / | D D D | / | Y Y Y Y Y Y | 11 |         | 27 |  | 2013 |         |
| M M M   | /  | D D D   | /  | Y Y Y Y Y Y |   |       |   |             |    |         |    |  |      |         |
| 11  |  | 27  |  | 2013        |   |       |   |             |    |         |    |  |      |         |
| Mailing Address 715 WENDEMERE DR  |  | <b>Transaction ID : SA11D.4195</b>  |  |             |   |       |   |             |    |         |    |  |      |         |
| City<br>SEYMOUR   | State<br>IN  | Zip Code<br>47274   | Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="10"></td> <td>46.00</td> </tr> </table> |             |   |       |   |             |    |         |    |  |      | 46.00   |
|   |  |   |  |             |   |       |   |             |    | 46.00   |    |  |      |         |
| FEC ID number of contributing federal political committee.<br><b>C</b> H4IN09072  |  | In-kind -Postage  |  |             |   |       |   |             |    |         |    |  |      |         |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director   |   |  |             |   |       |   |             |    |         |    |  |      |         |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br><table border="1"> <tr> <td colspan="10"></td> <td>2158.14</td> </tr> </table> |   |  |             |   |       |   |             |    |         |    |  |      | 2158.14 |
|   |  |   |  |             |   |       |   |             |    | 2158.14 |    |  |      |         |

  

|   |  |   |  |  |  |  |  |  |  |        |  |  |  |        |
|---|--|---|--|--|--|--|--|--|--|--------|--|--|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           |  | <table border="1"> <tr> <td colspan="10"></td> <td>291.00</td> </tr> </table> |  |  |  |  |  |  |  |        |  |  |  | 291.00 |
|   |  |   |  |  |  |  |  |  |  | 291.00 |  |  |  |        |
| <b>TOTAL</b> This Period (last page this line number only)..... |  | <table border="1"> <tr> <td colspan="10"></td> </tr> </table>                 |  |  |  |  |  |  |  |        |  |  |  |        |
|   |  |   |  |  |  |  |  |  |  |        |  |  |  |        |



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 23

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BILL BAILEY FOR CONGRESS**

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. WILLIAM W W BAILEY</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 23 / 2013 |  |
| Mailing Address 715 WENDEMERE DR  |                                   | <b>Transaction ID : SA11D.4196</b>                       |  |
| City<br>SEYMOUR   | State<br>IN                       | Zip Code<br>47274  | Amount of Each Receipt this Period<br>138.00 |
| FEC ID number of contributing federal political committee.<br>C H4IN09072   |                                   | In-kind -Postage   |  |
| Name of Employer<br>Seymour Chamber of Commerce   | Occupation<br>Director            |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2158.14 |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y                   |  |
| Mailing Address   |                                   | M M / D D / Y Y Y Y                                      |  |
| City  | State                             | Zip Code   | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period                       |  |
| Name of Employer  | Occupation                        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Election Cycle-to-Date            |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y                   |  |
| Mailing Address   |                                   | M M / D D / Y Y Y Y                                      |  |
| City  | State                             | Zip Code   | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period                       |  |
| Name of Employer  | Occupation                        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Election Cycle-to-Date            |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |                                   | 138.00   |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |                                   | 928.98   |  |

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

|                              |   |                              |                              |                             |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. WILLIAM W W BAILEY****A.**

Mailing Address 715 WENDEMERE DR

City

SEYMOUR

State

IN

Zip Code

47274

FEC ID number of contributing  
federal political committee.**C**

H4IN09072

Name of Employer

Seymour Chamber of Commerce

Occupation

Director

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

599.20

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 31    |   | 2013      |

**Transaction ID : SA13A.4209**

Amount of Each Receipt this Period

599.20

Equipment-Computer/Printer

Full Name (Last, First, Middle Initial)

**Mr. WILLIAM W W BAILEY****B.**

Mailing Address 715 WENDEMERE DR

City

SEYMOUR

State

IN

Zip Code

47274

FEC ID number of contributing  
federal political committee.**C**

H4IN09072

Name of Employer

Seymour Chamber of Commerce

Occupation

Director

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

651.15

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 01    |   | 2013      |

**Transaction ID : SA13A.4210**

Amount of Each Receipt this Period

51.95

Equipment-Computer Networking

Full Name (Last, First, Middle Initial)

**Mr. WILLIAM W W BAILEY****C.**

Mailing Address 715 WENDEMERE DR

City

SEYMOUR

State

IN

Zip Code

47274

FEC ID number of contributing  
federal political committee.**C**

H4IN09072

Name of Employer

Seymour Chamber of Commerce

Occupation

Director

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

758.14

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 02    |   | 2013      |

**Transaction ID : SA13A.4211**

Amount of Each Receipt this Period

106.99

Software-MS Office

**SUBTOTAL** of Receipts This Page (optional).....

758.14

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: IN District: 09

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 01 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 54.92 |
|-------|

Transaction ID : SB17.4186

**B. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Announcement Event food

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: IN District: 09

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 07 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 18.42 |
|-------|

Transaction ID : SB17.4184

**C. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -misc Office Equip

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: IN District: 09

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 07 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 21.40 |
|-------|

Transaction ID : SB17.4185

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

94.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -misc Office Equip

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 24.81 |
|-------|

Transaction ID : SB17.4206

**B. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Announcement Event Food

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 61.60 |
|-------|

Transaction ID : SB17.4205

**C. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Announcement Event serviceware

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 10  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 20.03 |
|-------|

Transaction ID : SB17.4204

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

106.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 16 / 2013      |

Amount of Each Disbursement this Period

|      |
|------|
| 9.20 |
|------|

Transaction ID : SB17.4202

**B. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Meeting Room Rental

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 16 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 284.34 |
|--------|

Transaction ID : SB17.4203

**C. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2014   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

State: IN District: 09

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 22 / 2013      |

Amount of Each Disbursement this Period

|      |
|------|
| 5.26 |
|------|

Transaction ID : SB17.4201

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

298.80

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Parking

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Transaction ID : SB17.4200

**B. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 25  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 230.00 |
|--------|

Transaction ID : SB17.4199

**C. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 27  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 46.00 |
|-------|

Transaction ID : SB17.4198

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

291.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. WILLIAM W W BAILEY**

Mailing Address 715 WENDEMERE DR

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| SEYMOUR | IN    | 47274    |

Purpose of Disbursement  
In-kind -Postage

Candidate Name

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 138.00 |
|--------|

Transaction ID : SB17.4197

**B. CFO Consulting Group**

Mailing Address 1 Park Row

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Providence | RI    | 02903    |

Purpose of Disbursement  
Payment on contract

Candidate Name

**BILL BAILEY FOR CONGRESS**

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.4214

**c. CFO Consulting Group**

Mailing Address 1 Park Row

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Providence | RI    | 02903    |

Purpose of Disbursement  
payment on contract

Candidate Name

**BILL BAILEY FOR CONGRESS**

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2014

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 18  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 821.43 |
|--------|

Transaction ID : SB17.4227

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2959.43



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Graessle-Mercer Co, Inc**

Mailing Address 100 N Pine St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Purpose of Disbursement  
Printing-Letterhead/Envelopes

001

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 25  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 218.28 |
|--------|

Transaction ID : SB17.4218

**B. Graessle-Mercer Co, Inc**

Mailing Address 100 N Pine St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Purpose of Disbursement  
Printing-Business Cards

001

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 48.15 |
|-------|

Transaction ID : SB17.4224

**C. M&M Office Products Inc**

Mailing Address 1122 South Tipton St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Purpose of Disbursement  
Office Equipment-Computer/Printer

001

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 31  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 599.20 |
|--------|

Transaction ID : SB17.4256

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

865.63

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Royalty Properties, LLC**

Mailing Address 1000 D Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2013    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
rent

001

**Transaction ID : SB17.4231**

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

**B. Royalty Properties, LLC**

Mailing Address 1000 D Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
rent

001

**Transaction ID : SB17.4233**

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

**c. Tribune**

Mailing Address 100 St Louis Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2013    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1400.00 |
|---------|

Purpose of Disbursement  
Advertising-Newspaper

004

**Transaction ID : SB17.4254**

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1900.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 23

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BILL BAILEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Westwind Signs**

Mailing Address 409 N Ewing St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 25  |   | 2013    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Seymour | IN    | 47274    |

Amount of Each Disbursement this Period

Purpose of Disbursement  
Advertising-Office Banner

004

203.30

Transaction ID : SB17.4216

Candidate Name

**BILL BAILEY FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

203.30

6719.34

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 20 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4209

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

599.20

0.00

599.20

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 31 / 2013M M / D D / Y Y Y Y  
/ / 12/1/14Y Y Y Y / D D / M M  
12/1/14

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

599.20

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 21 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4210

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

51.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

51.95

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 01 / 2013

Date Due

M M / D D / Y Y Y Y  
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

51.95

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 22 OF 23

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

106.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

106.99

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 02 / 2013

Date Due

M M / D D / Y Y Y Y  
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

106.99

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 23 OF 23

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Mr. WILLIAM W W BAILEY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

1400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1400.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 06 / 2013

Date Due

M M / D D / Y Y Y Y  
/ 12/1/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1400.00

**TOTALS** This Period (last page in this line only)..... ►

2158.14

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.